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19 October 1984

# Worldwide Report

EPIDEMIOLOGY



FOREIGN BROADCAST INFORMATION SERVICE

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19 October 1984

## WORLDWIDE REPORT EPIDEMIOLOGY

### CONTENTS

#### HUMAN DISEASES

##### BANGLADESH

- Cholera Outbreak Continues Unabated  
(THE NEW NATION, 31 Aug 84)..... 1

##### Briefs

- Typhoid in Bagerhat 2  
Magura Flu Epidemic 2  
Cholera in Sariakandi 2  
Dysentery in North 2  
Malaria in Habiganj 3  
Cholera in Sunamganj 3  
Juandice Epidemic Reported 3  
More Jaundice Deaths 3  
Cholera, Dysentery Deaths 4  
Diarrhea in Kumarkhali 4

##### CZECHOSLOVAKIA

- Rodent-Transmitted Hemorrhagic Fever in Slovakia  
(Milota Gresikova; PRAVDA, 4 Sep 84)..... 5

##### GUYANA

- Typhoid Cases Increase as Government Fails To Act  
(OPEN WORD, 20 Aug 84)..... 7

##### INDIA

- Gastroenteritis Epidemic in Calcutta Area  
(THE TELEGRAPH, 6 Sep 84)..... 8

Briefs		
Kala-Azar Epidemic		9
Cholera in Orissa		9
Bihar Diarrhea Deaths		9
ISRAEL		
Briefs		
Near Epidemic Diarrhea, Dysentery		10
Tuberculosis Among Ethiopian Immigrants		11
JAMAICA		
GLEANER Series Hits Health Services, Stirs Row		
(THE DAILY GLEANER, 4-7 Sep 84).....		12
General Deterioration		
Shortage of Funds		
Minister's Defense		
GLEANER Response, Editorial		
Call for Baugh's Resignation		
JORDAN		
Health Minister Discusses Medical Services, Personnel		
(Abdallah al-Nusur; AL-RAY, 26 Jul 84).....		18
NIGERIA		
Briefs		
Cholera in Oyo State		22
PAKISTAN		
Mystery Disease Under Control		
(DAWN, 15 Sep 84).....		23
Another District Has Mystery Disease		
(DAWN, 17 Sep 84).....		24
PEOPLE'S REPUBLIC OF CHINA		
RENMIN RIBAO Cites Public Health Ministry Figures		
(RENMIN RIBAO, 21 Aug 84).....		25
Briefs		
Jilin Disease Prevention		27

## PHILIPPINES

MOH Reports Disease Cases Up 15 Percent (BULLETIN TODAY, 15 Sep 84).....	28
Davao Paper Reports Gastroenteritis Outbreak in Manay (PEOPLE'S DAILY FORUM, 31 Aug 84).....	29

## PORTUGAL

Salmonella, Legionnaires' Disease in Polluted Algrave Beaches (O DIA, 5 Sep 84).....	30
---	----

## SOUTH AFRICA

Congo Fever Claims Victim (RAND DAILY MAIL, 12 Sep 84).....	32
Reportage on Congo Fever Scare (RAND DAILY MAIL, 19, 21 Sep 84).....	34
Fever Victims' Contacts Isolation Patients Released	
Congo Fever Warning (Bert van Hees; THE CITIZEN, 21 Sep 84).....	36
Briefs Congo Fever	37

## UNITED KINGDOM

Briefs Legionnaires Disease	38
--------------------------------	----

## YUGOSLAVIA

Briefs Tuberculosis Incidence	39
----------------------------------	----

## ZIMBABWE

Briefs Students Get TB Vaccinations	40
--	----

## ANIMAL DISEASES

### AUSTRALIA

Mice Plague Threatens \$30-Million Grain Export (THE COURIER MAIL, 1 Sep 84).....	41
--	----

### BARBADOS

Briefs Rodent Scourge	43
--------------------------	----

### MALAWI

Anti-Rabies Campaign Enforced in Ntcheu (DAILY TIMES, 12 Sep 84).....	44
--	----

### PORTUGAL

Briefs Peripneumonia Dangers Stressed	45
--	----

### SOUTH AFRICA

Self-Sufficiency in Livestock Vaccines Foreseen (Jean Waite; THE STAR, 7 Sep 84).....	46
Briefs Cattle Diseases Congress	47

### ZIMBABWE

Drought Causes Cattle Diseases (THE SUNDAY NEWS, 2 Sep 84).....	48
Foot-and-Mouth Outbreak Affects Botswana Traders (BOTSWANA DAILY NEWS, 14 Sep 84).....	50
Briefs Foot-and-Mouth Disease Delays Exports	51
Foot-and-Mouth on Two Ranches	51

## PLANT DISEASES AND INSECT PESTS

### INTER-AMERICAN AFFAIRS

St Lucia Studies Coconut Mite Control in St Vincent (BARBADOS ADVOCATE, 11 Aug 84).....	52
--	----

## BANGLADESH

### Briefs

Paddy Pest Attack	53
Rice Hispa Pest	53
Unidentified Pests Attack	54
Paddy Diseases Reported	54

## VIETNAM

10th Month Rice Ravaged by Pests (Hanoi Domestic Service, 10 Sep 84).....	55
Rice Pests Cause Damage to Crops (Hanoi Domestic Service, 20 Sep 84).....	56

CHOLERA OUTBREAK CONTINUES UNABATED

Dhaka THE NEW NATION in English 31 Aug 84 pp 1, 8

[Text] Deaths from cholera and dysentery are on increase. Reports pouring in our newsroom from different parts of the country indicate the diseases have still remained unabated, flood affected areas being the most vulnerable. Nearly 200 are already dead and hundreds more are attacked over the past few weeks. In Gaibandha district alone over hundred people died during the period. More such cases have been reported from Netrokona, Meherpur and Gangni.

Gaibandha

Our Gaibandha correspondent says 109 died of cholera and dysentery in the district over the past few weeks. More than 5,200 people have also been suffering from the diseases.

The affected upazilas are Sadullahpur, Sundargani, Gaibandha, Palashbari, Gobindaganj and Saghta.

District Civil Surgeon confirmed the deaths. He also admitted that 4,476 more had been attacked. This figure is, however, lower than the unofficial estimate.

Apart from cholera and dysentery certain skin disease has also broken out in the district. Recent flood resulting in paucity of fresh drinking water and other disadvantages are believed to have contributed to the proliferation of the diseases. People are not also getting essential drugs and water purifying tablets.

Netrokona

Our Netrokona correspondent adds: Forty persons died in cholera in the district recently. Nearly two hundred have still been suffering from the disease. Affected upazilas are Netrokona, Khaliajuri and Barhatta.

Meherpur

Our Meherpur correspondent said diarrhoea claimed seven and attacked 100 more there. The worst affected areas are Meherpur and Gangni.

BRIEFS

**TYPHOID IN BAGERHAT**--Bagerhat, Aug 18--Influenza, typhoid and dysentery have broken out in an epidemic form throughout Bagerhat District. More than 50 percent people of these localities fell victim to these diseases. Some physicians of this town, while contacted by this correspondent said that the recent incessant, heavy rain water accompanied with floodwater had carried the germs of these diseases. Moreover, this correspondent found himself that every house in the locality was attacked with any of these diseases. It should be mentioned here that in many cases, influenza turns into paratyphoid and if a person is once attacked with typhoid, it relapses several times. One Adil Tarapdar of village Baniagati within Bagerhat Sadar Upazila died of typhoid only a few days ago. [Text] [Dhaka THE BANGLADESH OBSERVER in English 21 Aug 84 p 11]

**MAGURA FLU EPIDEMIC**--Magura, Aug 23--Influenza has broken out in an epidemic form in the Magura district. About 50 percent people including the children are learnt to have been suffering from the disease. The disease has mainly broken out in Magura Sadar upazila. Sreepur upazila, Salikha and Mohammadpur upazilas. In many cases this influenza is reported to have taken a turn towards typhoid. It is reported that a good number of people are suffering from typhoid and bowels trouble. Local people alleged that no essential medicines are available in rural health complex and hospitals. As a result poor people are suffering. They also urged the authority to take immediate action and solve the problems in the great interest of the poor people. [Text] [Dhaka THE BANGLADESH TIMES in English 24 Aug 84 p 2]

**CHOLERA IN SARIKANDI**--Bogra, Aug 22--Cholera has broken out at Kutubpur under local Sariakandi upazila here. One Neklesbibbi, 25, died on Aug 18 last, and another 14 persons were attacked in the same house. When contacted, the upazila health and family planning officer told this correspondent that Neklesbibbi died of Diarrhoeal diseases. Two army and 4 civil medical teams have been working there. [Text] [Dhaka THE NEW NATION in English 24 Aug 84 p 2]

**DYSENTERY IN NORTH**--Rangpur, Aug 26--Five northern districts are in the grip of bacillary dysentery for over two months. The disease that took an epidemic turn over the period has so far claimed 150 lives in the areas. According to an estimate, 78 died in Gaibandha, 25 in Rangpur, 15 in Kurigram, 30 in Lalmonirhat and seven in Nilphamari district. Several hundred have

also been suffering from disease in these areas. The affected upazilas are Mithapukur, Pirgonj, Kaunia and Badargodj in Rangpur, Gobindagonj, Gaibandha, and Shadullapur, Palashbari, Shoghitta and Fulchari in Gaibandha, Rowmari, Ulipur, Chilmari and Rajiboppur in Kurigram, Patgram, Kaligonj, Hatibandha in Lalmonirhat, and Domar, Dimla and Kishoregonj in Nilphamari. Children are the worst victims of the disease. [Text] [Dhaka THE NEW NATION in English 27 Aug 84 p 1]

MALARIA IN HABIGANJ--Habiganj, Aug 26--Three persons including father and sons of the same family of village Bahula under Habiganj Sadar Upazila died of malignant malaria recently, according to a hospital source. The deceased persons are Abdur Rahman Talukder (55), Mujibar Rahman (18) and Shahabur Rahman (16). Other members of the family were also attacked with the same disease. Health Department has taken up measure to prevent the disease from spreading in the locality. [Text] [Dhaka THE NEW NATION in English 29 Aug 84 p 2]

CHOLERA IN SUNAMGANJ--Cholera has broken out in different areas of the Sunamganj district in epidemic form. Due to scarcity of pure drinking water, Cholera, Dysentery and similar types of diseases are prevailing, particularly in flood affected areas. Further medical aids are not at all available as desired for and people cannot any relief. It is further learnt that more than 1000 people have been attacked this time. Recently the disease spread out in Mollapara, Aftab Nagar and Razzer Char, Harinaparty of sadar upazila, Lakhimpur, Ambaria, Bamangaon, Dearabazer Union, Bashtala, Bagula Bazar, Nepal Kutī, Kachatbari, Mollapara, Kandarjon, Baharpur, Romnagazof Doarabazar Upazila. According to local people 1500 more people died of Cholera and Blood Dysentery though the Govt. officers did not confirm the figure. [Text] [Dhaka THE NEW NATION in English 2 Sep 84 p 2]

JAUNDICE EPIDEMIC REPORTED--Chuadanga, Sept 3--Jaundice has broken out in an epidemic form throughout Chuadanga Sadar and Damoorhuda upazila and as many as 10 persons have so far died of the disease. The worst affected villages are Alukdia, Akondobaria, Jhoraghata, Rajapur and Pitamlaarpur under Chuadanga Sadar upazila and Kalabari, Ramnagar and Lakshmipur villages under Damurhuda upazila. It was learnt that mainly the pregnant women, children and youths have been attacked with the disease. Everyday a fairly large number of jaundice patients are admitted into Chuadanga Modernised Hospital. If preventive and curative measures are not taken immediately the disease may claim more valuable lives in the area. [Text] [Dhaka THE BANGLADESH TIMES in English 4 Sep 84 p 2]

MORE JAUNDICE DEATHS--Chuadanga, Sept 10--Jaundice has broken out in an epidemic form in Chuadanga sadar, Jibonnagar and Damurhuda upazilas under Chuadanga district for some days past. According to reports, 40 persons died of jaundice in villages Khayerhuda, Jibonnagar, Baidnathpur and Daulatnagar under Jibonnagar upazilas, where at least 400 persons have been suffering from the disease. And 10 persons have died of the disease in village Alukdia, Akondabaria, Jhoraghata, Rajapur and Pitambarpur under Chuadanga sadar upazila, including Chuadanga pourashava area. The other jaundice-affected villages are Kalabari, Ramnagar, Yakshmipur and Bhagirat-

pur under Damurhuda upazila of the district. It was learnt that mainly the pregnant women including children have been attacked with the disease. Everyday a large number of jaundice patients are admitted into Chuadanga and other hospitals for treatment but most of them were pushed back home having no seats for accommodation. If preventive and curative measures are not taken immediately the disease may claim more valuable lives in the area, it is apprehended. [Text] [Dhaka THE BANGLADESH TIMES in English 11 Sep 84 p 2]

**CHOLERA, DYSENTERY DEATHS--**Gaibandha, Sept 12--Cholera, dysentery and gastroenteritis have broken out in the flood affected areas of Gaibandha district. It is learnt that four persons died and about 150 were attacked with cholera, 200 died of dysentery and gastroenteritis in different upazilas of the district. When contacted, the Civil Surgeon, Gaibandha said two persons of Sundarganj and Sadullapur upazilas died of diarrhoea and 103 others of the two upazilas were attacked with the disease. He also said 13 persons died of dysentery and 443 others were attacked with the disease to Palashbari upazila, 24 died and 1649 attacked in Gaibandha upazila, seven persons died and 365 attacked in Sadullapur upazila, two persons died and 1445 attacked in Sundarganj upazila, 139 persons in Fulchari upazila and 28 persons in Saghata have also been attacked with dysentery. Three persons of Saghata died, 18 in Gaibandha and six in Fulchari have been attacked with gastro-enteritis. The source also mentioned that to combat the diseases the authority has been supplying AC vaccines, Oral Saline, Tetracycline and water purifying tablets in the affected areas through the medical team and workers. BSS adds: Three persons are reported to have died of diarrhoea in flood hit Zuduboiria union under Kumarkhali upazila on Sunday. Confirming the deaths Civil Surgeon of Kushtia said that in all 14 persons were attacked by the disease. A medical team has been sent to the area, he said. [Text] [Dhaka THE NEW NATION in English 14 Sep 84 p 2]

**DIARRHEA IN KUMARKHALI--**Kushtia, Sept 16--Three persons are reported to have died of diarrhoea in flood hit Zuduboiria union under Kumarkhali upazila on Sept 9, reports BSS. Confirming the deaths Civil Surgeon of Kushtia said that in all 14 persons were attacked by the disease. He had already sent a medical team in the area, he said. [Text] [Dhaka THE BANGLADESH OBSERVER in English 18 Sep 84 p 7]

CSO: 5450/0014

## RODENT-TRANSMITTED HEMORRHAGIC FEVER IN SLOVAKIA

Bratislava PRAVDA in Slovak 4 Sep 84 p 5

[Article by Milota Gresikova, corresponding member of the Czechoslovak Academy of Sciences and of the Slovak Academy of Sciences, Virological Institute of the Slovak Academy of Sciences: "Beware of Rodents"]

[Text] The era rife with discoveries of infection-causing agents is long past; however, there is one disease with which scientists have been grappling over a long time. It is hemorrhagic fever with renal syndrome, a disease known since 1932. It occurs in the Amur River valley and in Manchuria. In 1934 it was diagnosed in China and in 1951 in Korea. In Europe this infection was identified in 1934 in the Scandinavian countries--clinicians named it epidemic nephropathy. In the 1950's and the 1960's, cases of hemorrhagic fever were also confirmed in Slovakia and Hungary. An epidemic of hemorrhagic fever with renal syndrome which occurred in Yugoslavia in the summer of 1967 had been preceded by a great proliferation of small rodents.

The clinical symptoms of the disease are characterized by the presence of viral nephritis. Its incubation period is from 2 to 3 weeks. The patients' contact with small rodents or their excrement is a noteworthy factor. In most instances the affected persons are agricultural or forest workers. The prodromal symptoms of this disease are fever, headache, pains in the extremities, and general weakness. Later symptoms include severe lumbar pains, nosebleed, conjunctivitis and minute subcutaneous hemorrhages. Objectively, proteinuria (protein in the urine) and hematuria (blood in the urine) are determined. Oliguria (reduced urination) with subsequent polyuria (increased urination) occur at a later stage; however, this infection may also take a milder course. In the forefront of its diagnosis are fever, proteinuria and low back pain.

The isolation of the virus causing hemorrhagic fever with renal syndrome was reported for the first time in 1978. Thus far the virus has been successfully identified by immunofluorescence in the patients' blood and in the lungs of small rodents.

We in Slovakia were the first in Europe to identify in the lungs of small rodents nine strains of viruses causing hemorrhagic fever, which we diagnosed

not only by means of the currently applied method of immunofluorescence but also by the micro-complement fixation test. We confirmed a close antigen affinity of the strains we had isolated with the virus producing epidemic nephropathy (i.e., Scandinavian hemorrhagic fever with renal syndrome).

Although we isolated the virus from the lungs of small rodents, virological diagnosis of that disease must be made in patients. We expect that our physicians who will recognize this infection will send us specimens for virological tests.

Preventive measures include reduced human contact with small rodents, better hygiene, and extermination of rodents.

9004

CSO: 5400/3013

TYPHOID CASES INCREASE AS GOVERNMENT FAILS TO ACT

Georgetown OPEN WORD in English 20 Aug 84 p 4

[Text] According to Herstelling Village residents, since the Government media reported cases of typhoid on the East and West Banks of the Demerara, there has been no action to prevent further outbreaks. They say that all that has happened so far is advice from health officials to boil water and report to the Public Hospital if they get sick.

Herstelling villagers know of up to 150 typhoid victims in their area. One child, Shanta Ramnaraine, from the squatting area, has died of the disease. In some cases whole families have been affected. For months now the residents have been complaining of the amount of worms and sediment in their water supply. They say that even though the authorities have taken official notice of the dangerous state of the water, they can see no improvement. Residents point out that the Covent Garden reservoir which was identified as the source of the contaminated water serves areas from Prospect to Providence. Yet these areas have not suffered as Herstelling has from the typhoid outbreak. Their explanation is that the failure of the Local Authority to clean the drains has led to flood conditions during the rains. The filth from the area under water seeps into the pipelines which serve Herstelling.

Herstelling does have a clinic, but even at the height of the outbreak, it could not supply residents with the necessary medication. OPEN WORD urges all citizens who suspect they may have the disease to make a formal report to the nearest clinic.

The residents also pointed out that mosquito control personnel, a familiar sight during the colonial days, are now nowhere to be seen in Herstelling.

CSO: 5440/030

## GASTROENTERITIS EPIDEMIC IN CALCUTTA AREA

Calcutta THE TELEGRAPH in English 6 Sep 84 p 1

[Text]

Calcutta, Sept. 5: At least 10 of the 229 gastroenteritis patients at the Infectious Diseases Hospital in east Calcutta have died over the past four days. According to the hospital more than 1,800 cases reported from different parts of the city last month at least 60 of which were fatal.

Health experts fear the disease might reach "epidemic proportions" in Tangra, Tiljola, Topsia and Beliaghata, if drinking water is not disinfected properly. Other parts of the city affected by the disease are Metiabruz in the Port area, Entally in central Calcutta and Salt Lake.

According to sources at the hospital, an average of 14 deaths occur of the over 400 cases of gastro enteritis reported every week. Most of the 460 beds allotted for infectious diseases "are occupied by gastro patients at present," the sources said.

Officials in the water supply

department of the Calcutta Municipal Corporation said of the 22 chlorination plants for purification of drinking water in the city, 10 were "out of order." Among the remaining 12 plants in Tollygunge, south Calcutta, three broke down last week. Moreover, there are no chlorination plants in the newly-added municipal areas of Jadavpur, Behala and Garden Reach, which were being "supervised by the Calcutta Metropolitan Water and Sanitation Authority (CMWSA)."

As a "precautionary measure" against an outbreak of gastroenteritis in epidemic form the chlorine content in drinking water has been increased by 33 per cent since Monday, Dr. S. Chowdhury, chief health officer of the CMC, said.

However, the drive to disinfect garbage heaps "was not carried out today," official sources revealed.

CSO: 5450/0104

## BRIEFS

**KALA-AZAR EPIDEMIC**--Kala-azar, now raging in a virulent form, has claimed 50 lives in Sonbarsa block alone in Sitamarhi district, Mr Ragunath Jha (Cong-I) told the Bihar Assembly today. Mr Jha alleged that no measures had so far been taken to control the disease. [Text] [New Delhi PATRIOT in English 22 Aug 84 p 5]

**CHOLERA IN ORISSA**--Jeypore (Orissa) Aug 29 (UNI)--Authorities have declared Jeypore town and its suburbs a "cholera epidemic area" and ordered all eating houses to strictly comply with hygienic requirements. The move comes as the death toll due to the disease reached 20 since its outbreak a few days ago. [Text] [Calcutta THE TELEGRAPH in English 30 Aug 84 p 5]

**BIHAR DIARRHEA DEATHS**--Begusarai, Sept 1 (UNI)--Eighty three people, including 68 children, have died of diarrhoea and blood dysentery in Bihar's Begusarai district in recent weeks, district hospital sources said. The sources said blood dysentery alone claimed 68 infant lives in Khubband, Chakchheri and Bariarpur villages in Teghra and Bachwara blocks. Fifteen people died of diarrhoea in Raghunathpur village in Sahibpur Pkamal block of the district. The sources said more than 100 people were suffering from blood dysentery in Teghra and Bachwara blocks and 100 others from diarrhoea. [Text] [New Delhi PATRIOT in English 2 Sep 84 p 1]

CSO: 5450/0102

## BRIEFS

NEAR EPIDEMIC DIARRHEA, DYSENTERY--Children's wards in the hospitals have been staggering under a load of infants and children brought in for treatment following a serious diarrhea outbreak. The phenomenon, which has reached nearly epidemic proportions, has also affected many adults. Some of the cases are viral, some involve a bacterial infection, including dysentery. Many of the cases are accompanied by high fever and vomiting. The prevailing view among pediatricians is that, except for particularly complex cases, the diarrhea goes away by itself in a few days. Therefore they advise against taking any medication. They also advise against antibiotics and anti-diarrhea preparations. Dr Adia Barkai, regional physician in the Ministry of Health and a pediatrician, argues that the various anti-diarrhea preparations may cause complications in the intestines. As for antibiotics, it has been proven, she says, that they do not work. The fact that the diarrhea stops with the completion of medication is, in her opinion, "an optical illusion," since the diarrhea would have stopped without the medication at about the same time. As to a special diet during the incidence of diarrhea, there is a difference of opinion. Some of the experts, including Prof Dan Mikha'eli, an expert on infections, and Dr Barkai feel that except for day-old infants and unusual cases of sensitivity to milk, it is possible and even desirable to eat and drink milk and milk products. It is important in their opinion, to eat yogurt and other milk products that have undergone a fermentation process because they contain bacteria that are vital for digestion, which are killed by diarrhea and which should be replaced in the intestines. The children's ward of Sheba hospital follows this school of opinion. On the other hand, Belinson and Rokeakh hospitals follow the advice of other doctors in avoiding milk and milk products, on the claim that they irritate the mucous membranes in the intestines, leading to renewed evacuation of fluids. Dr Barkai claims that research has proven this incorrect. "The problem in Israel is improper food storage and handling. Israel is a hot country, and in the summertime bacteria develop rapidly. We handle our food improperly summer and winter, but in wintertime the cold slows the spread of illness," Dr Barkai asserts. [Text] [Tel Aviv HA'ARETZ in Hebrew 29 Jul 84 p 1] 9794

TUBERCULOSIS AMONG ETHIOPIAN IMMIGRANTS--Several cases of tuberculosis have recently been revealed. The disease had almost disappeared in Israel, and hence babies were no longer vaccinated against it. All the new cases were discovered among Ethiopian new immigrants who were already affected upon arrival. The Ministry of Health has learned of these cases with great alarm. In view of that, Dr S. Wartasky, head of the lung and tuberculosis section of the Ministry of Health, recently instructed all regional health offices to vaccinate each baby born to Ethiopian new immigrants against tuberculosis, without preliminary tests. Throughout the country hospitals and maternities have been asked to help direct Ethiopian immigrant families to have their babies vaccinated against the disease within 2 weeks of birth. The shots will be given at the lung clinic closest to the family's home. All absorption centers which house Ethiopian immigrants were also issued instructions accordingly. [Text] [Tel Aviv YEDI'OT AHARONOT in Hebrew 28 Aug 84 p 8] 12782

CSO: 5400/4501

GLENER SERIES HITS HEALTH SERVICES, STIRS ROW

General Deterioration

Kingston THE DAILY GLEANER in English 4 Sep 84 pp 1, 3

[Text] The deterioration of the health services continues and despite denials by the Minister of Health that hospitals will not be closed and assurances about the "rationalisation" of the system, the situation remains grim.

The problems being experienced daily by workers and patients are staring us in the face; or are they the teething pains of rationalisation? Reports from those close to the system leave no doubt that the system is collapsing and all are concerned about the priority being given to this vital areas of the nation's development. There is much concern among the health workers and no doubt the majority of Jamaicans who, faced with the harsh economic realities, and driven by the high fees of the private practitioners and cost of drugs, have come to rely upon the public system.

The system is now bowing under the increased demand for its facilities and is bogged down by a shortage of money. It seems imperative that a serious examination be taken about the proposal of charging fees to those who can afford to pay in the public institutions. Jamaica was one of the first countries in the world to have a national health service where anybody could get free medical treatment at any government institution. This is no longer feasible in our present situation as funds are needed to be ploughed back into the system to maintain acceptable standards of care and improve the service.

The situation for the most part remains the same as it prevailed in the late 1970's. Workers remain dissatisfied with conditions of work, job facilities and frustration and job insecurity are rife. The tension among workers is building up in light of reports of the possible laying off of 1,500 persons and a 50 percent cut in the number of community health aides. As the GLEANER was told "there is definitely a crisis in terms of people being tense in relation to the insecurity of their jobs. It is a mental crisis with the uncertainty about the jobs and the cut-backs in the public service."

The traditional problems such as shortages of nurses, doctors, paramedical staff, money to purchase life-saving drugs and malfunctioning equipment have been aggravated by the present financial constraints. In most cases, in

speaking of the deterioration, emphasis has been on the shortage or exodus of the professionals; but the inadequacy of the support services is equally disturbing. The latter was highlighted at the Spanish Town Hospital where cut-backs in the sessions for X-ray and laboratory technicians and nurse anesthetists had created difficulties in the care of the patients at that institution. These late services (after 4 p.m.) have been restored.

Health centres are in a dilapidated condition and lack adequate security. Security is also a problem in some hospitals such as the Kingston Public and St. Ann's Bay. Both were recently affected by the activities of gunmen.

Health workers see the system as being "in a crisis" and have pointed out that the nation is in danger of losing the high health status it had achieved over the years. Some even see the nation at risk of having an epidemic in the near future in light of the unsatisfactory level of immunisation against communicable diseases and poor sanitation in some areas.

A look at the public health system will give an idea of the problems being faced. The health centres should be the place dealing with the less complex cases but oftentimes patients are seen at the casualty departments because of the poor facilities and services offered. Sometimes the patients are unable to see the doctor or get the drugs prescribed, so they go to the hospitals causing overcrowding. There are also problems affecting the environmental aspects of the services offered by the public health departments.

The big problem is the lack of money. Some services are financed by the Ministry of Local Government and these have been severely hampered in the Kingston and St. Andrew Corporation's Public Health Department. The situation here is critical as the budget cannot meet the demands for services. The budget for this year is \$2.2 million and the Department is overspending by \$28,000 per month. Of the \$2.2 million, \$1.7 million has been allocated for personal emoluments which is less than the \$1.9 million spent last year of the 2.4 million budget. The Department has to try and save \$335,000 in order to keep within the personal emolument budget.

The cuts needed to effect this saving will mean the laying-off of staff which will affect the school health service, midwives, public health inspectors and the mosquito control programme. It was pointed out by informed sources that even if persons in the pest control section were to be laid off, there would not be enough money to pay the other workers. Sources added that "if there are any lay-offs in public health, it will devastate the programmes."

Some categories of workers such as the midwives are already severely short to cope with increased demand and reductions here would have an impact on the service. Over the past 20 years, the number of midwives in the K.S.A.C. remain at 40 despite the increase in the population and so the work load has expanded. Since this year three midwives have retired and the question being asked is how will these posts be filled?

The shortage of registered nurses in the health centres constitute another major blow to the system and things are not improving. The regular

resignations of registered nurses mean that staff has been reduced. This has been attributed to the combination of poor remuneration and conditions of work. The nurses are under intense pressure because of the shortage. There are 47 posts and since February there have been about 12 resignations, with the added problem of the inability to fill posts.

#### Shortage of Funds

Kingston THE DAILY GLEANER in English 5 Sep 84 pp 1, 3

[Excerpts] The shortages of personnel, money to purchase necessary material and drugs have had its toll on the health centres may have to close. Already certain services have been curtailed. For about three weeks in July, the health team was unable to visit Dallas and Mavis Bank because of difficulty in getting gasoline for the ambulance.

The cash flow problem has also affected the mosquito control team which at times have prepared to do spraying but cannot because of the difficulty in securing gasoline. Other services such as immunisation, maternal and child care and family planning have been affected and certain health centres over short periods have had to suspend services, namely Duhaney Park and Norman Gardens.

Poor physical facilities at the centres have been a long-standing problem. Many have been wrecked by vandals while others have leaking roofs, are termite-ridden and have inadequate space.

One area of great problem is the clearing of pits in the Washington Gardens, New Haven and Patrick City areas where the water table is high. The Public Health Department assists in the clearing of pits but this may even be curtailed because of the lack of money to pay cesspool operators. Some operators are threatening to stop the service because of the lack of payments. The cost per trip has been significantly increased and up to last year \$500,000 was spent on the cesspool emptying programme.

Sources said there was a great problem with the pits filling up rapidly and with the difficulty being experienced by the Department, householders would have to underwrite the cost. The alternative would be to allow the pits to overflow and this could create a health hazard. There could be a problem with those diseases spread by faecal waste such as typhoid and gastroenteritis.

The Department continues to see cases of typhoid and emphasis is being placed on the need for improved sanitation to reduce the risk of this disease. Though the situation is not alarming "there is always the danger of this being explosive."

The main complaint reaching the department is about mosquito and the shortage of material has hampered spraying. The Aedes Egypti mosquito, the carrier of dengue fever is very common here. In fact, one out of every two houses breed the mosquito and the onus is on householders to keep their areas clean. Low

lying areas where the water table is high are particularly conducive to the breeding of the mosquito. It is also imperative that gullies be cleared regularly as they are another breeding ground. Sources pointed to the necessity for mosquito control because of implications of an outbreak of dengue. The response in times of an epidemic requires tremendous effort on the part of the health staff as in the outbreak of poliomyelitis in 1982. Therefore, efforts must be taken to reduce the risk of having any such outbreaks, sources say.

The mosquito carrying malaria is not as common but caution must be taken. Since this year there have been a few imported cases but even in dealing with these there have been problems. It is understood that the travel claim of the officer for the work done in following up the cases has been returned.

Immunisation against communicable diseases is a vital area of the department's operations. There is hope to maintain the present level but there is also the likelihood of it falling. Sources pointed to the poliomyelitis epidemic in 1982 and noted the concern of health workers in relation to sustaining present levels. "What is of concern is that if we cannot sustain the level, we are in danger of getting poliomyelitis or some other condition," one source said.

#### Minister's Defense

Kingston THE DAILY GLEANER in English 5 Sep 84 pp 1, 3

[Excerpt] The Minister of Health, the Hon. Kenneth Baugh, told the House of Representatives yesterday that although he would not deny that there were problems in the national health service, unnecessary panic was being created by what he termed incomplete news reports on the situation.

(The Minister appeared to be referring to the investigative series started in the GLEANER yesterday, the second installment of which appears on this page.)

"I would just like to assure the public at this time that there is no need to panic, that in fact we have the resources in terms of manpower and expertise in this country to cope with the health problems that face us. We feel sure that with full cooperation and a united service that these problems can be overcome, and we feel that we will be able to maintain, and in some instances improve, the services that are available to the public of Jamaica."

Dr Baugh in a brief statement to the House on the health situation, said that it was very clear that financial developments in recent years, both internationally and locally, had implications for the local health service. But, those problems were now recognised and measures were being implemented to cope with them.

He said however, that the attempts to address the problems were not being assisted by the unnecessary panic which was being created by news that was not incomplete.

"We need the cooperation of not only those who work in the Health Ministry, but all the Ministries that have direct relationship to our functions and activities. But, more importantly, we need the cooperation of the public at large.

"As I said then (in his sectoral debate speech), I was concerned, and I am still concerned about the hysteria that is being created by the information that is reaching the public that is not complete. It is premature, is not very informative and can only create panic at this time."

#### GLEANER Response

Kingston THE DAILY GLEANER in English 6 Sep 84 p 8

[Editorial: "The Health Services"]

[Text] Jamaica's health services, like other areas of the economic and social structure, are in a crisis. Consequently we have decided to tell the country the full extent of the crisis in a series of investigative articles. Previously we had published a number of occasional articles, including some by doctors, and statements by other professional people, indicating that the crisis was on us.

The Minister of Health, Dr. Baugh, has been refreshingly frank in admitting the crisis in his several statements to the public, but has sensibly asked the public not to panic.

In our view, it is better to bring facts before the country so that the public might know the full extent of the crisis which we are facing. It is in that respect, therefore, that we are publishing this special series by our special investigator. It is not our intention to create panic because we believe that panic is created when there are deep suspicions and rumours, and the information is lacking. We therefore welcome the decision by the Minister of Health to give Parliament next week a comprehensive paper on the present state of the health services.

We should hope that in that paper he will also indicate how the crisis is to be resolved. What concerns us besides the shortage of money which has led to a deterioration in conditions, a deterioration which, to be fair, began well before 1980 and has not been halted, is the effect of the devaluation on the recruitment of personnel. It is now almost impossible, as the Prime Minister has stated, to get doctors from hard currency areas or from Third World countries who hope to send back money earned here to their home country. When the dollar was \$1.78 Jamaican to the U.S. it was relatively easy. To recruit doctors now at J\$4 to the U.S. dollar would mean giving them salaries well beyond those payable to Jamaican members of the service. Hence the search for doctors from areas like Costa Rica where the exchange rates are more in line with ours should be speeded up. For the shortage of medical personnel is critical.

The same applies to nurses. The salary scale of nurses continues to be a bone of contention, and the Government may well have to take some bold decisions

such as that which we have already proposed, of establishing a Permanent Salaries Commission which can take evidence and try to reorganise the system of payment in the public service.

We would advise the Minister of Health to hold his criticism of our series until he has read all the articles. For the good things that the government has been doing will also be covered. But with the best intentions of Government, the crisis is here. Tough decisions will have to be taken, even at the risk of popularity.

#### Call for Baugh's Resignation

Kingston THE DAILY GLEANER in English 7 Sep 84 p 2

[Text] The PNP has called on Health Minister, Dr. Kenneth Baugh, to resign his portfolio in light of what the PNP called the serious deterioration taking place in the country's Health Services.

In a statement issued on Tuesday by Mr Ruddy Lawson, the PNP said that while there had been announcements of vast sums to be spent on improving buildings, hospital equipment had run down, essential drugs have become unavailable, wards had had to be closed and there was a general uncertainty existing in the health service.

The PNP also questioned the expenditure of funds under the Ministry of Health.

CSO: 5440/032

HEALTH MINISTER DISCUSSES MEDICAL SERVICES, PERSONNEL

Amman AL-RAY in Arabic 26 Jul 84 p 10

[Article by Abdallah al-Musur: "The General Examination Is No Punishment; Its Aim Is To Raise Quality of Medicine"]

[Text] Dr Kanil al-'Ajluni, the minister of health, has affirmed that the comprehensive examination for interns is not a punishment for any one and that it aims at raising the level of the profession in order to safeguard the citizen's safety.

Dr al-'Ajluni added, in an interview with the correspondent of the Jordanian news agency PETRA, that the creation of the "Jordanian Medical Council" came about to serve specific medical goals for public welfare, requesting the doctors who failed the test to present a written paper to be evaluated.

He further stated that as officials responsible for the various medical sectors, it behooves to us to coordinate and cooperate to avoid duplication in work and to distribute equitably the responsibilities among these sectors.

The minister of health commended the city councils as well as the rural ones and the various local community institutions for their effective participation in the construction of health centers, for providing the necessary land and for building private living quarters for the doctors manning the centers in order to improve the adequacy of medical services in the city, villages and rural areas.

The Capital Predominates

The minister pointed out that the capital has acquired, for various reasons, the majority of the services. There are 10 private hospitals in addition to the services provided by the government financed facilities and institutions. Moreover, the medical specialists who support the medical services in the capital are the true reason that keeps an important vacuum in the government medical facilities.

In regard to this matter he explained that Amman holds 70 to 80 of the medical services that should be equitably distributed among the various regions of the kingdom.

He then said that what makes the matter even more complicated is that there are numerous requests to open new hospitals in the capital.

He added that in spite of the fact that Jordan is a country exporting medical expertise, it has not yet been able, due to purely economical reasons, to export a single specialized doctor to rural Jordan. There are rural areas inhabited by 10,000-20,000 citizens that receive a doctor's visit only two or three times a week.

#### The Pharmaceutical situation

He declared that the pharmaceutical situation does not differ from the medical one in the countryside, the villages and the desert areas. Among the reasons for this are the duplication of responsibilities and the increase of income level in the city. He also stated, "We spend millions to buy complex instruments while we lack very simple equipment such as X-ray machines and laboratory equipment which, even when available, are really inadequate."

In this respect, he added, "We do not have a single emergency vehicle with the needed equipment." He indicated that 20 emergency vehicles with medical equipment will be provided and will begin working at the beginning of next year.

#### Improvement of drug control

Concerning the drug problem, Dr al-'Ajluni stated, "To solve this problem calls for the improvement of the drug control system as far as production, quality and price in order to save some foreign hard currency we need badly. In fact, we spend 17 million dinars yearly out of which not less than 35 percent is due to poor medical management, duplication of treatments and lack of an adequate health education program. He pointed out that a drug shortage does exist.

He further stated that substitutions [of other drugs] are available with the same effectiveness and medical quality. The ministry has formed a committee for medication security that includes representatives from different medical and scientific institutions to compile a limited list of essential and secondary drugs that must be available in the [health] centers, the clinics and the hospitals.

Concerning the nursing problem, the minister of health pointed out that there was no nursing school problem per se, as there are numerous facilities and new ones are being opened. The problem, however, is the shortage of nurses as this field receives little acceptance in spite of the comfortable working conditions and the good wages in it. This [shortage] might lead to hiring non-Jordanian nurses.

#### Unemployment

To solve the problem of unemployed doctors, Dr al-'Ajluni suggested the creation of a fund to finance the opening of private clinics for this group of

doctors, especially in the rural areas, the villages, and the desert. He further stated that the poor planning for the needs of the country in new doctors contributed to the seriousness of the problem. He pointed out that the educational institutions did not consult the health ministry for its needs of doctors among the recent university graduates.

The minister added that a committee has been formed to study the subject and issue recommendations to the Medical Association Council and to the High Council of Health to lay down strong foundations to solve the unemployment problem.

Dr al-'Ajluni called upon the medical institutions that carry the financial burden and the planning responsibility to benefit from the services of the [unemployed] doctors. He further explained that the nonexistence of a government job should not mean unemployment, as work opportunities are still plentiful in the Jordanian rural areas.

On the problem of interns, the minister stated that we bring this group together twice a year, once on 1 April and the second time on 1 October; moreover, the ministry provides the group with training opportunities in its hospitals and health centers.

Concerning the extension of health centers as an alternative to "out-clinics", Dr al-'Ajluni stated that after a thorough study, it was revealed that the clinics had limited effectiveness and little utility, due to the fact that, in addition to the lack of medical instruments, the doctors visit them only once or twice a week. Therefore the ministry started the implementation of the plan to set up complete health centers where one or more doctors are available 24 hours a day in addition to the supply of essential medical and health necessities for these centers.

He stated that as of this mid-July, the ministry actually had opened 40 health centers distributed over all the governorates in the north, center, and south of the kingdom plus the valleys and the desert. It is also opening new health centers and supplying them with rapid care units.

About the ministry plan to raise the level of services in the hospitals, Dr al-'Ajluni said that the ministry is working seriously to raise the capabilities of the hospitals in cooperation with the other medical institutions within the existing means.

He further stated that the ministry is opening centers and hospitals to create training locations for medical students in Jordanian University as part of the ministry plan to provide a larger opportunity for students to gain practical experience.

Similarly, al-Yarmuk University and Jordanian University decided to provide medical care in the ministry [health] centers via the participation of specialized doctors in their activities.

Concerning the health insurance subject, Dr al-'Ajluni stated that the number of beneficiaries, participants and "handicapped" is in constant increase as the number of beneficiaries was over 650,000 for the first 6 months of this year. We aspire to increase this number while taking into consideration raising the level of services supplied to our brother citizens.

12692

CSO: 5400/4525

## BRIEFS

CHOLERA IN OYO STATE--Poor sanitation habits of the people of Apomu, Ikire and Ikoyi in Irewole Local Government of Oyo State have been identified as the cause of the current outbreak of cholera reported in some parts of the state. Although no loss of lives have been reported, a number of people were said to be receiving treatment in health institutions in the affected areas. Reports said that the state's Commissioner for Health, Mrs Ruth Ogunjimi, had visited the towns and assured the people of adequate medical attention. According to the Commissioner, necessary drugs and vaccines had been made available to the health institutions in the areas to treat the affected people and prevent the disease from spreading. Meanwhile, a team of doctors, led by the Chief Medical Officer, Dr M.A. Aboderin, has been despatched to the three towns to assess the extent of the epidemic. [Text] [Kano SUNDAY TRIUMPH in English 9 Sep 84 p 2]

CSO: 5400/186

MYSTERY DISEASE UNDER CONTROL

Karachi DAWN in English 15 Sep 84 p 2

[Text]

ISLAMABAD, Sept 14: The fatal disease, which had broken out in Tehsil Talagang two months ago and caused numerous casualties, has been brought under control as a result of timely treatment and preventive measures.

This was stated by Maj.-Gen. M. I. Burni, Executive Director, National Institute of Health, while talking to APP here on Thursday.

He said there was no death after Sept. 3 and a few complaints were lodged with the health authorities.

He said the disease has been controlled and all possible measures were underway to completely wipe it out. Gen. Burni said he had visited the affected localities many times to inspect the medical arrangements there.

Dr. Burni regretted that some exaggerated reports on the disease were being published by a section of the Press. The incorrect reports, he said, created "harassment" among the people.

Dr. Burni said epidemiologists, including those from the W.H.P., were engaged to know the root cause of the disease.

He asked the people to cooperate with the authorities and bring about the disease to the notice of their nearest clinic.

Dr. Burni advised the people to avoid using rotten fruit and un-boiled water and maintain appropriate sanitary conditions.

CSO: 5400/4700

ANOTHER DISTRICT HAS MYSTERY DISEASE

Karachi DAWN in English 17 Sep 84 p 2

[Text]

ATTOCK, Sept 16: The Talagang mysterious disease is spreading and has entered Khushab District, which neighbours the Talagang District Attock.

According to reports, a child suffering from this disease came to Talagang Hospital from Village Jaba District Khushab, on Saturday and was released after treatment.

According to official sources, Punjab Health Minister, Hamid Nasir Chatta, along with Secretary Health, Hasan Raza Pasha, will visit Talagang town and disease-affected villages on Sept 18. According to another report, District Health Officer, Attock, camped at Talagang, has banned the admission of all other patients except those affected by mysterious disease, in Talagang-Hospital. For the purpose, additional beds will be placed in the Hospital before the Minister's visit.

The District Councillors of Talagang and elites of the area have expressed satisfaction over the facilities being provided by Punjab Health Department to the patients of mysterious disease.

It is stated that experts of the Community Medicine College of Lahore, Dr. Manzoor Malik and Dr. Manzoor Ahmed do not agree with each other on the causes of the disease.

CSO: 5400/4700

RENMIN RIBAO CITES PUBLIC HEALTH MINISTRY FIGURES

HK270658 Beijing RENMIN RIBAO in Chinese 21 Aug 84 p 1

["Facts and Figures column: "The Health and Medical Network Has Spread to All Urban and Rural Areas"]

[Text] According to statistics compiled in 1983, the country had 196,000 health institutions, a 53.4-fold increase over 1949; 2.11 million hospital beds, a 26.4-fold increase; and 4.09 million medical workers, a 660 percent increase, of which there were 3.253 million health workers, registering a 540 percent increase. On average, for every 1,000 people there were 2.7 hospital beds, 3.19 health workers, and 1.33 doctors. Meanwhile, the development of public health service in minority nationalities areas was even more extraordinary.

In 1983 there were 6,547 hospitals, 869,000 hospital beds, and 1.574 million health workers in cities throughout the country. In large and medium-sized cities, besides hospitals at the city and district levels, there were also grassroots public health organizations such as neighborhood hospitals and clinics, quarantine stations, and first-aid stations run by neighborhood committees, as well as clinics in offices and schools.

In rural areas, in 1983 the nation's 2,100 counties had 2,340 general hospitals, 2,084 quarantine stations, and 1,879 health centers for women and children. The nation's more than 50,000 townships (communes) had 56,000 hospitals, and clinics were established in 87 percent of villages (production brigades). In the whole countryside, there were 1.241 million hospital beds, 1,679 million health workers, 1.279 million barefoot doctors, and 1.928 medical orderlies and midwives. Meanwhile, the establishment of the tri-level health network in counties, townships (communes), and villages (production brigades) has ensured the 800 million peasants the necessary services for medical treatment, disease prevention, public health, and family planning.

The incidence of diseases has been greatly reduced. Infectious diseases such as cholera, plague, smallpox, relapsing fever, typhoid, kala-azar, and venereal disease have been eliminated or basically eliminated not long after the founding of the PRC. By 1983, nearly 10 million patients with schistosomiasis were cured in the country and an area of 11 billion square meters was freed from oncomelania, while 56 counties (cities) got rid of schistosomiasis and

191 counties (cities) basically wiped out the disease. Before liberation, the county had as many as 30 million patients with malaria, yet there were only 1.366 million in 1983. Meanwhile, nearly 10 million people who suffered from goiter have been cured and other endemic diseases such as Kashan disease and Kashchin-Beck disease have also been controlled to a certain degree.

CSO: 5400/4161

BRIEFS

**JILIN DISEASE PREVENTION**—According to statistics compiled by the end of 1983, 9 cities and 26 counties in Jilin Province had eliminated measles and polio. The number of people plagued by endemic diseases is 75 percent fewer than that in the early post-liberation period. [Summary] [Changchun Jilin Provincial Service in Mandarin 1030 GMT 17 Sep 84 SK]

CSO: 5400/4161

MOH REPORTS DISEASE CASES UP 15 PERCENT

Manila BULLETIN TODAY in English 15 Sep 84 pp 1, 12

[Text] The Ministry of Health (MOH) reported yesterday a 15 percent increase in the incidence of diarrhea, typhoid fever, hepatitis, and pneumonia during the last two weeks due to sudden change of weather and contaminated water.

Disease Intelligence Center (DIC) chief Julio P. Valera said that from Sept. 2 to 8 alone, 410 diarrhea cases were admitted to the San Lazaro Hospital, higher than the preceding week's 373 cases.

Valera said 173 cases came from Manila, 60 from Caloocan City, 33 from Quezon City, and 106 from other areas.

The city health officer in Zamboanga City also reported 18 cases of the disease with five deaths, while San Carlos in Negros Occidental reported 25 cases with no deaths in the last two weeks.

Valera said there were 24 typhoid fever cases admitted to San Lazaro last week, higher than the previous week's 21 cases. Except for three cases from Bulacan and one from Cavite, all patients came from Metro Manila, he said.

Health authorities reported that infectious hepatitis is also on the rise as reflected in the 25 admissions compared to last week's 15 and the weekly average of 14 cases. These are distributed as follows: Metro Manila, eight; Caloocan, four; Pasay, three; Metro towns, seven; and three from other places.

Valera noted that only diphtheria cases dropped by five percent in the last few weeks with 19 reported cases. Of the total cases, 13 came from Metro Manila, six from Quezon City, four from Makati, and the rest from Bulacan, Bataan, and Cavite.

He said this week's incidence of pneumonia reached 130, higher than last week's 97 cases, but lower than the five-year median of 214 cases. Metro Manila accounted for 112 cases, while nearby cities and provinces reported 18 cases. Health officials attributed the spread of the diseases mostly to contaminated water in flooded areas in Metro Manila and the prevailing weather condition.

DAVAO PAPER REPORTS GASTROENTERITIS OUTBREAK IN MANAY

Davao City PEOPLE'S DAILY FORUM in English 31 Aug 84 pp 1, 10

[Text]

An outbreak of an ailment characterized by frequent vomiting and loose excretion believed to be gastro-enteritis, has been reported to be prevalent in sitio Pagkilatan, barangay San Isidro, Manay, Davao Oriental recently.

Valentino B. Mantog, San Isidro barangay councilman assigned at sitio Pagkilatan, in his verbal report to Dr. J. Antonio D. Tagabucba, assistant provincial health officer the other day, said that the ailment already claimed one life and another child is in a critical condition.

Mantog said that there are about four families affected by the ailment.

Medicines coming from barangay San Isidro mini-health center have been exhausted already, he added.

San Isidro barangay officials headed by barangay captain Boy Ompang and Narciso Manlucop lauded the immediate action made by Dr. J. Antonio D. Tagabucba to save the affected families by instructing the rural

health physician of Manay, Davao Oriental to conduct an ocular inspection and rush medicines to the area.

Some residents of San Isidro claimed that Dr. Tagabucba's action was far different from the move made by rural health physician, Dr. Justiniano Veloso. They assailed the Manay rural health physician "for exhibiting arrogant manner to the poor patients" who come for treatment and medications.

Sitio Pagkilatan is about two kilometers from barangay San Isidro poblacion and about eight kilometers from Manay town.

San Isidro residents feared that the delay of government assistance to the affected families would mean more deaths not only in sitio Pagkilatan but the neighboring sitios and barangays as well.

Kagawad Val Mantog was accompanied by the BSP council scout executive of Davao Oriental, Hermie Mantog, when he reported the outbreak of the ailment. (DOL ONEZ)

**SALMONELLA, LEGIONNAIRES' DISEASE IN POLLUTED ALGRAVE BEACHES**

Lisbon 0 DIA in Portuguese 5 Sep 84 p 7

[Excerpt] Five British citizens died in Algarve of "Legionnaires' disease," especially in the Quarteira area, and cases of salmonella are being reported in Albufeira. The causes of these situations, which can jeopardize the tourist fame of Algarve among international circles, are the deficient sanitary conditions and the discharge of sewage into the beach by a state agency.

As a matter of fact, foreign tour operators have already sent two Swedish and one British doctor to Algarve. In Lisbon, the minister for Quality of Life declared that there is a commission named 4 years ago which "has not produced anything to this day."

The basic sanitation commission to which Sousa Tavares referred was appointed in 1980, with financing from the EEC. No one knows what it has done since then.

In Albufeira, the premises of Inatel—a state agency—for many years has discharged its sewage directly into the waters of the beach. The situation has constantly concerned the various local governing officials who have passed through the city council of that Algarve town, considered the "pearl of the Algarve," but nothing changed.

Furthermore, it was the chairman of the Algarve Regional Tourist Commission (CRTA) himself, speaking yesterday over the Portuguese Radio Broadcasting Service (RDP-1), who revealed the existence of cases of salmonella caused by the pollution of the water due to the sewage from the Inatel facilities.

The town's health service has ordered analyses to be made in Faro to confirm the diagnosis but innumerable cases of diarrhea detected among national and foreign citizens have already been confirmed. The alarm has been sounded internationally and the Scandinavian tour operators have sent specialists to Algarve to analyze the waters.

The chairman of the CRTA, Filipe Madeira, observed that the pollution of the waters of Albufeira is due to the suspension of a project of the elevating station in that town, halted due to lack of appropriations.

In the meantime, a British doctor, a specialist in the so-called "Legionnaires' disease" that has already killed at least five Englishmen in Algarve, has arrived in the Quarteira area.

8711

CSO: 5400/2541

CONGO FEVER CLAIMS VICTIM

Johannesburg RAND DAILY MAIL in English 12 Sep 84 pp 1, 2

[Text] Cape Town--the deadly and highly contagious Congo Fever disease caused the death of Mr Frans Theart, the 26-year-old Darling Railways employee who died on Saturday morning.

Three of the nursing staff caring for Mr Theart at the hospital have developed influenza-like symptoms similar to those associated with the early stages of the disease and are being kept in isolation at the hospital.

So seriously is the hospital treating the outbreak that the surgical intensive care unit where Mr Theart was treated has been closed and will remain in isolation for the time being.

Mr Theart probably contracted the fever from a tick, a known carrier of the Congo Virus, a spokesman for the Tygerberg hospital said yesterday.

The hospital spokesman said that although Congo Fever was highly contagious there was "absolutely no risk" of the disease spreading to anyone who had not had contact with infected people.

Dr D.A. Grindling, medical superintendent of the hospital, last night said all those who had been in contact with Mr Theart since he contracted the fever were being kept under observation.

Mr Theart, who first fell ill two weeks ago, worked for the railways loading sheep on to trucks.

The identification of a tick as the disease source makes the issue much broader than the spread of the disease to Mr Theart's immediate family and members of his nursing team.

If a tick had bitten Mr Theart and had also bitten one or more sheep, these animals could be potential carriers of the disease. If taken to an abattoir, their blood and body fluids could, theoretically, contaminate workers or anyone coming into contact with these, although there are no recorded cases of the disease spreading in this way.

If the sheep have not yet been slaughtered, they may be harbouring the virus.

Congo Fever shares various physical symptoms with other tropical diseases, such as Lassa Fever, Green Monkey Disease and Marburg Fever.

Professor Gustav Martini, who identified the disease which was named after his home town of Marburg in West Germany in 1967, said the fevers were similar in symptoms and effect, but different in chemical construction.

The symptoms are:

- Viral haemorrhagic fever;
- bleeding;
- passing of blood;
- fever and headaches.

Prof Martini said people affected by direct contact with animals were most likely to be severely affected, while those who caught the diseases from other humans were likely to experience milder variations.

He said it was difficult to identify the different viruses and that tests could only be conducted in high-security laboratories because they were extremely dangerous.

To combat the viruses they had to be accurately identified so that the precise anti-serums could be deployed.

In 1967 monkeys from Uganda were taken to Marburg for experiments, and seven researchers died from the "mystery" disease and numerous others were infected.

CSO: 5400/187

## REPORTAGE ON CONGO FEVER SCARE

## Fever Victims' Contacts

Johannesburg RAND DAILY MAIL in English 19 Sep 84 p 1

[Text] CAPE TOWN. — Nearly 300 people are now under close medical scrutiny after having come into contact with confirmed Congo fever victims. But doctors remain baffled as to the contact source which led to the death of the Tygerberg surgeon, Dr Andries Retief.

Figures released at yesterday's Press conference at Tygerberg hospital — held to clarify the Congo fever outbreak and to pacify growing public concern — indicated that 190 people had been in contact with one or other of the seven confirmed Congo fever victims.

Dr Hans Steyn, regional director of the Department of Health, said yesterday that 150 of these contacts were inside, and 40 outside, Tygerberg Hospital.

All of them were under observation, but would be put into isolation only if they developed the flu-like symptoms associated with the early stages of Congo fever. Monitoring was being done through regular checks on the health of non-isolated contacts, Dr Steyn said.

Two of the seven victims confirmed so far — Darling railwayman Mr Frans Theart and Tygerberg surgeon Dr Retief — have died.

The other five victims, including Matron Norma Paverd, supervisor for infection control at Tygerberg Hospital, were in isolation in the hospital's Ward A1, where they were progressing satisfactorily, according to hospital bulletins.

The fifth case of secondary infection with the fever was confirmed at yesterday's Press conference. All five are nursing staff members who, with the exception of Matron Paverd, had had direct contact with Mr Theart.

Of the 12 contacts who developed symptoms and were isolated in Tygerberg's ward D4, three were released yesterday after having developed no further signs of the disease. The others were either well or progressing satisfactorily.

But another person, a medical technologist, was last night admitted to the ward for observation.

Four other contacts were in isolation in the City Hospital for Infectious Diseases, including Sister Y Venter, who nursed Mr Theart in Vredenburg Hospital before his transfer to Tygerberg Hospital.

Last night, all four were "doing well", according to Dr Johan Stegmann, deputy director for Hospital Services in the Cape.

Dr Stegmann confirmed late last night that another possible Congo fever victim was expected to arrive at the City Hospital for Infectious Diseases. It is understood the patient was bitten by a tick and although tick-bite fever was the probable cause of illness, the health authorities were taking no chances.

The present outbreak of Congo Fever has baffled South African medical experts.

Yesterday the deputy director of Medical Services of the State Department of Health, Dr Johan Reynders, said: "There are so many things that can't be explained by medical experts at the moment."

Dr Reynders was referring to the death on Monday of Dr Retief, who had allegedly not come into direct contact with the first victim, Mr Frans Theart.

At yesterday's Press conference, medical authorities admitted they were stumped as to the precise source of Dr Retief's contamination with the Congo virus.

Congo fever is thought to be contagious when somebody comes into direct contact with the body excretions or blood of a victim. It is not considered contagious in the early stages, when the victim has the flu-like symptoms.

But, as there are indications that the virus may be spread by other means, the air-conditioning in the isolation wards at Tygerberg Hospital has been turned off.

"As only eight cases in South Africa, and a few in Russia, have ever been written up, Congo fever is a disease about which very little is known," Dr Reynders said.

### Isolation Patients Released

Johannesburg RAND DAILY MAIL in English 21 Sep 84 p 3

[Text] Cape Town.--Another nurse who cared for Mr Frans Theart, a victim of the Congo fever outbreak, has been discharged from Tygerberg Hospital's isolation ward and two other patients have been discharged from the isolation ward at the City Hospital for Infectious Diseases.

No new cases of the fever have been reported in the last 48 hours.

The five nurses and one matron who have the disease after coming into contact with Mr Theart's blood or excretions were last night all satisfactory and making good progress.

A hospital spokesman said they were all almost free of symptoms of the disease and were not bleeding to the extent that Mr Theart or the virus' second victim, Dr Andries Retief, had.

They will remain in isolation in Tygerberg Hospital's ward A1, which is reserved for confirmed cases only, until it is certain that they have fully recovered.

A Tygerberg Hospital statement said that, in the absence of any new positive cases of the fever, the closer to the "cut-off-date" of September 26 it was, the more favourable the whole situation became.

At this week's Press conference at the hospital, Professor J Moodie, head of the Department of Virology at the University of Cape Town's Medical School, said that date would mark the end of the outbreak as long as no new cases were confirmed before then.

Last night there were still eight contacts of the one or other of the confirmed cases in Tygerberg's ward D4 but the hospital said yesterday that "there was no cause for concern" about their condition and all were satisfactory. So far, all virus tests on the eight have proved negative.

Two patients were discharged from the isolation ward at the City Hospital for Infectious Diseases but, one, Mr Boy Agie, was immediately admitted to another following a confirmation late yesterday that he was suffering from tuberculosis.

CSO: 5400/6

SOUTH AFRICA

CONGO FEVER WARNING

Johannesburg THE CITIZEN in English 21 Sep 84 p 8

[Article by Bert van Hees]

[Excerpts] Among the 190 known contacts of confirmed Congo fever patients are the family for Dr Andries Retief who died on Monday. His widow, Mrs Philna Retief (34), is in Ward D4 at Tygerberg Hospital, while her four children are being visited daily by medical personnel.

According to the chief of the intensive care surgery department at Tygerberg, Dr Hannes Groenewald, none of the six patients in Ward A1 is in danger. Three of them are so healthy that they would normally have been allowed home, but are being confined as a safety precaution.

Meanwhile, Prof Ivan Horak, the director of the tick research unit at Rhodes University, has warned people not to lie or sit down in veld areas.

He said the bont-legged tick, which is thought to be the carrier of the deadly Congo virus, was most commonly found in the Karoo and the dryer western areas of the country.

Its occurrence in the more coastal areas was very much lower, he said. The tick was large, measuring five to six millimetres with a dark brown to black body and red and white bands on its legs. They have large mouth parts, and are difficult to detach once they bite a host.

CSO: 5400/2

## BRIEFS

CONGO FEVER--Cape Town--Three nurses who are in isolation at Tygerberg Hospital in Parow Valley because they may have contracted Congo Fever while looking after a victim of the disease, have been treated with a special anti-serum that was flown down from Johannesburg, the SABC reported yesterday. Doctors are still uncertain whether the three have Congo Fever and a hospital spokesman said their condition had improved. A doctor at the hospital for infectious diseases at Rietfontein brought the Congo Fever anti-serum, which is immune plasma donated by sufferers of the disease, to Tygerberg Hospital. A special drug, Inteferon, which is a natural body substance to fight viruses, has been made available by a pharmaceutical company and another anti-viral agent is being imported from America. The Cape Town Correspondent of the Mail reports that the source of the virus which killed Mr Frans Theart remains a mystery. Original speculation that Mr Theart was bitten by an infected tick while loading sheep at the Darling station were dismissed by a spokesman for South African Transport Services in the town, who said Mr Frans had come "nowhere near the sheep." "He handled the loading and off-loading of packages. He never touched live-stock." No other Railways employees in the town were showing suspicious symptoms. The suggestion that Mr Theart could have picked up an infected tick from a sheep led to speculation that meat coming from the area might be contaminated. But professor Barry Schaub of the National Institute of Virology in Pretoria said it was "highly unlikely" that people would contract the disease from eating affected meat. "Any virus present in the meat would be rendered inactive as soon as it entered the stomach," he said.--Sapa [Text] [Johannesburg RAND DAILY MAIL in English 13 Sep 84 p 3]

CSO: 5400/187

UNITED KINGDOM

BRIEFS

LEGIONNAIRES DISEASE--Another case of Legionnaire's disease has been confirmed in Glasgow, bringing the total up to 25 in Britain's biggest known outbreak of the pneumonia-type illness. The latest case, a 45-year-old man, was taken ill in June and is now recovering at home. Laboratory tests have confirmed his illness to be Legionnaires' disease, said Greater Glasgow Health Board. Of the 25 confirmed cases, 20 come from the Dennistoun area of Glasgow. [Text] [London THE DAILY TELEGRAPH in English 1 Sep 84 p 13]

CSO: 5440/031

## YUGOSLAVIA

### BRIEFS

TUBERCULOSIS INCIDENCE--In Belgrade, there were 14,180 cases of lung tuberculosis in 1959, and 2,229 cases in 1983. About 5,000 new tuberculosis cases were discovered in 1958, and 701 in 1983. [Summary] [Belgrade Domestic Service in Serbo-Croatian 1300 GMT 17 Sep 84 AU]

CSO: 5400/3001

## BRIEFS

**STUDENTS GET TB VACCINATIONS**—In the wake of the recent death of a school child from tuberculosis at one of the city's primary schools, Harare's City Health Departments is to vaccinate all Grade one and seven pupils at the opening of the third term next week. A municipal spokesman told The Herald yesterday that the City Medical Officer of Health, Dr Lovemore Mbengeranwa was appealing for cooperation from all parents and primary school authorities in the city so that the Zimbabwe expanded programme on immunisation could be implemented. The council did not give any further details on the child who died from tuberculosis. A circular sent to the city's primary schools authorities said: "All parents who are not in favour of vaccinations being given to their children should indicate in writing to the respective headmasters/headmistresses who will communicate with the City Medical Officer of Health. "Failure to receive written objection will be interpreted as consent for the programme." At the next enrolment of school children in January, schools would help the City Health Department by listing names of all Grade 1 and 7 pupils whose parents were against vaccinations. [Text] [Harare THE HERALD in English 19 Sep 84 p 1]

CSO: 5400/181

MICE PLAGUE THREATENS \$30-MILLION GRAIN EXPORT

Brisbane THE COURIER MAIL in English 1 Sep 84 p 15

[Text] SYDNEY.--New South Wales' \$30 million export grain crop is under threat from both a mice plague and the poison used to control them.

Farmers warned the NSW Government they would risk spraying the chemical bromadiolone in six weeks if nothing was done about a mice plague which has spread through the NSW wheat belt.

Bromadiolone is an approved perimeter bait chemical which is banned from in-crop use because of unknown residual effects.

Health and research workers say extensive spraying could have "horrific, far-reaching effects".

A loss of crops this year would mean the fifth year of hardship for farmers, who have faced heavy losses through drought for the past four years.

The Livestock and Grain Producers Association chief executive, Mr John White, said the loss of this year's crop would force many out of business.

"It is tragic the Agriculture Department has not been able to find a safe chemical.

"At present, if a farmer sprays a perimeter chemical in-crop, he takes the risk of grain rejection at the market this year, and no one is clear on the amount of chemical residue spraying with bromadiolone will cause."

If farmers decide to spray they would be liable for prosecution, according to the Department of Agriculture, which has labelled the threat as "totally irresponsible".

A department spokesman, Mr Simon Dixon, yesterday said the chemical had been banned for good reasons and the reputation of the NSW primary sector would be severely damaged if farmers carried out the threat.

"The Government is Not God--the plague is a natural phenomenon and we have no control over it," he said.

"The farmers will just have to grin and bear it."

A spokesman for the National Health and Medical Research Council, Mr Andrew Charlton, said bromadiolone was commonly used in rat baits at 0.1 percent concentration.

However, he said if it was sprayed on the whole wheat crop the poison would affect water supplies, animals and children, with horrific, far-reaching effects.

The NSW Agriculture Minister, Mr Hallam, said Australia's export market would be threatened if grain was suspected of being contaminated with poison.

CSO: 4200/10

BRIEFS

RODENT SCOURGE--AGRICULTURE in Barbados continues to be severely damaged by rodents. Statistics reveal that the rat population has risen by about half as much as it was in 1980, and has caused extensive damage to foodcrops island-wide. During the past three months, the Ministries of Health and Agriculture combined their efforts to mount a campaign aimed at substantially reducing rodents on farms and households. However, it has been established since then that rats and mice are continuing to pose a serious threat to householders and farmlands in the country. An official of the Barbados Agricultural Society (BAS) said factors accounting for the build up in rat population, included not having sufficient bait around farm houses, which store produce and livestock feed. The ministries are also of the opinion that certain rodent species are becoming serious agricultural pests, since they happen to be well-adapted to the artificial environment man provides. A call has been made for full participation from all Government offices, farmers, householders, business places, institutions and individuals as well. The BAS said, however, that farmers and householders were losing interest in control programmes, once they noticed that the rodents were reduced to a low level. The BAS said this was the time when control was most effective. [Text] [Bridgetown THE NATION in English 27 Aug 84 p 11]

CSO: 5440/029

## ANTI-RABIES CAMPAIGN ENFORCED IN NTCHEU

Blantyre DAILY TIMES in English 12 Sep 84 p 1

[Text]

AN ANNUAL rabbies tie up order for Ntcheu district became in force from Monday and will last up to October 12.

A circular letter from the rabbies control officer in the Central Region requests all dog owners to keep their dogs chained from 6 am to 6 pm every day during the period.

He warns that any dogs found roaming about would be shot at.

The order covers a radius of eight kilometres on the stipulated dates and

centres thus:

September 10 to 11 Ntcheu Boma, September 12 to 13 Nsipe trading centre, September 14 and 17 Kwataine dip tank, September 18 to 19 Gowa dip tank, September 20 to 21 Traditional Authority Ganya, September 22 to 25 Kasinje trading centre, October 1 to 2 Bilira trading centre, October 3 to 4 Mpamadzi dip tank, October 5 to 8 Ntonda dip tank, October 9 to 10 Tsangano trading centre and October 11 to 12 Lizulu dip tank. — Mana

CSO: 5400/5

## BRIEFS

PERIPNEUMONIA DANGERS STRESSED--In summary: in Coastal Beira (67,000 dairy cattle), peripneumonia has already been controlled and geographically delimited and it is known which are the areas with the greatest rates of propagation. In 1983, 62,600 head in 20,500 operations were analyzed there, 1,958 head of cattle being slaughtered then. And until July of this year, blood has already been collected from 63,500 head distributed among 27,500 operations, which resulted in the elimination of 840 cattle. The urgent measures to be taken were also defined: continuation of the tracking, transit control and fairs of cattle; immediate slaughter of sick animals; and mass vaccination of the others. In the meantime, the successive (and inexplicable) delays in their implementation can very well transform the present "state of emergency" into a real "state of disaster." The production of milk has been suffering disquieting declines (about 30 percent in the Lacticoop area); many cooperatives are encountering great difficulty, being dragged toward insolvency; thousands of farmers no longer know where to turn. "We are actually quite behind but I think there is still time to win the battle," concluded the regional director of agriculture of Coastal Beira. He warned, however, that that is possible only "with will and courage, speed in execution and a strategy properly appropriate to the small-landholding conditions of the area in question." [Text] [Lisbon DIARIO DE NOTICIAS in Portuguese 4 Sep 84 p 13] 8711

CSO: 5400/2541

## SELF-SUFFICIENCY IN LIVESTOCK VACCINES FORESEEN

Johannesburg THE STAR in English 7 Sep 84 p 3M

[Article by Jean Waite]

[Text]

By the end of next year South Africa will be self-sufficient in its production of livestock vaccine.

At present Onderstepoort Veterinary Research Institute outside Pretoria produces 150 million doses of 51 different animal vaccines a year. This is enough to supply the needs of South African farmers and leave a small surplus — approximately 10 percent — for export to neighbouring countries.

It is ironic, then, that vaccine for one of the most deadly livestock epidemics, foot and mouth disease, has to be imported.

The FMD vaccine is supplied by Botswana, one of only four African countries producing vaccine. Mozambique, Zimbabwe and Kenya also make a limited quantity of vaccines for their own use.

It costs South Africa R1 million a year to buy

FMD vaccine — but not for much longer.

By this time next year a R14 million Foot and Mouth Laboratory, established at Onderstepoort in 1980 but only fully operational last year, will go into production, supplying enough FMD vaccine for home use.

The laboratory is controlled by strict security. The FMD virus, while harmless to humans, is highly infectious to animals and could spread rapidly among livestock if it escaped.

The maximum security building, which is behind a multiple-wire fence, is virtually airtight. All the air leaving the laboratory is filtered through a double bank of filters.

Waste products leaving the lab are heat treated and in some cases air is chemically treated to prevent virus escape.

The staff have to wear special clothing in the laboratory area and show-

er whenever they leave the infected area. They are also restricted with regard to contact with cloven-hoofed animals.

Vaccine production and research are the major functions of the Veterinary Research Institute, often referred to simply as Onderstepoort and not to be confused with the University of Pretoria's faculty of veterinary science which is also sited in Onderstepoort. Once combined, the two facilities became autonomous in 1973.

The vaccine factory has an annual budget of R6 million. It is self-supporting and non-profit making. Any profits made are ploughed back to improve facilities.

"Obviously we give preference to our own needs, but once they are fulfilled we are happy to sell vaccine to any country that wants it," said Dr Rudolph Bigalke, director of the institute.

BRIEFS

**CATTLE DISEASES CONGRESS**--The first of several hundred veterinary experts due to arrive within the next few days to attend the World Cattle Diseases Congress, flew into Jan Smuts Airport yesterday from Paris. This will be the first time that the congress, which takes place every four years, is to be held in South Africa, according to the organiser, Dr Issy Bacher. A large French delegation of 44 experts, arrived yesterday. The group said they intend to relax on a short vacation in Cape Town before the congress, which starts in Durban on Monday. Some 170 specialist papers are expected to be heard at the congress. [Text] [Johannesburg RAND DAILY MAIL in English 14 Sep 84 p 1]

CSO: 3400/12

DROUGHT CAUSES CATTLE DISEASES

Bulawayo THE SUNDAY NEWS in English 2 Sep 84 p 3

[Text] Official figures indicate that the Masvingo province lost 8 406 cattle because of drought in May, June and July this year, with Chibi North netting 3 605 losses...almost half the total deaths in the whole province.

Giving a monthly breakdown of cattle losses the provincial chief animal health inspector, Mr Chris Diedericks said the province had lost 2 874 cattle in May, 3 176 in June and 2 356 in July.

From these figures Chibi north emerged as the worst hit area claiming from the totals 910 in May, 1 474 in June and 1 221 in July. Official records put down some areas of Chibi north as not having had rains this year.

This took the stretch to three years; longer than any area in the whole of the Masvingo province. Mr Diedericks said: "Chibi North is exceptionally poor in grazing because they have had no rain for the whole of this season."

However, records show that Chibi North lost more cattle during the same period last year. According to the figures the area lost 3 905 in May, 4 222 in June and 2 816 in July.

Lack of adequate water and good grazing left livestock in a poor condition thus leaving them susceptible to diseases, said Mr Diedericks.

"We have a number of cases of rabies in the Bikita area where they have new resettlement schemes. There is quite a good number of game in these areas they hunt that could be carriers of rabies," said Mr Diedericks.

He added: "We have an exercise of keeping foot and mouth disease under check because if we are to export our meat we have to be very careful we keep to required standards.

"Ever since we had an outbreak of anthrax in 1981 starting in Gutu we have had to carry out a continuous exercise vaccinating in all the districts in the province."

Vaccination programmes against anthrax, rabies and foot and mouth diseases were being carried out throughout the province, he said.

"We also had a case of anthrax at Chibi Hospital in July," he said, "but the cause leading to this case has not been known.

"However, people are still selling dried meat. In the Chibi and Bikita areas two people were identified as positively affected by anthrax and it was found out that they had bought dried meat from the Gutu area.

"People think that if they boil meat this will kill anthrax bacteria not knowing that this bacteria is heat resistant," he said.

A number of goats in the Masvingo, Bikita and Chibi districts had died of heart-water disease, he said and concluded: "We are not taking any chances so we are vaccinating against all these diseases in all our areas."

CSO: 5400/181

FOOT-AND-MOUTH OUTBREAK AFFECTS BOTSWANA TRADERS

Gaborone BOTSWANA DAILY NEWS in English 14 Sep 84 p 1

[Text]

**GABORONE, September 12:** Permits of traders who import dairy products, carcasses, pork and meat products from Zimbabwe have been suspended as a result of an outbreak of Foot and Mouth disease in the Bulawayo area, said the Senior Veterinary Officer, Mr G. Akasokwa.

About 20 Botswana traders have been affected by the suspension, said Dr R. Minor, Deputy Director of Veterinary Services. But they could still import from South Africa, he noted.

Dr Minor said that the outbreak would have to be eradicated in about six months and if the situation did not improve for a long time, an import restriction would continue to be maintained until the situation in Zimbabwe was under control.

He noted that there had been outbreaks of Foot and Mouth disease in Zimbabwe last year. But the situation was controlled, he added.

CS0: 5400/5

## BRIEFS

**FOOT-AND-MOUTH DISEASE DELAYS EXPORTS**--Zimbabwe's beef exports to the European Economic Community may be delayed by another year because of the recent outbreak of foot-and-mouth disease in some parts of Matabeleland, the Minister of Agriculture, Senator Denis Norman, told the Assembly yesterday. Replying to a point raised by MPs on his ministry's \$225 407 000 vote for this financial year, Senator Norman said it was unfortunate that Zimbabwe faced this position when its case was being considered. The minister said it was up to the EEC to decide whether to grant Zimbabwe entry into the market or to isolate the country for a further 12 months because of the outbreak of the disease. Under the Lome 2 Convention, Zimbabwe would export 8 100 tonnes of prime beef every year and this would earn the country more than \$100 million annually. Senator Norman said the Cold Storage Commission was looking elsewhere in Africa for markets. [Text] [Harare THE HERALD in English 6 Sep 84 p 1]

**FOOT-AND-MOUTH ON TWO RANCHES**--Foot-and-mouth disease has occurred on two ranches in Nyamandhlovu in a control area buffer zone and very strict controls on livestock movement have been put into effect, a spokesman for the Ministry of Agriculture said yesterday. The spokesman said the disease occurred on the Cold Storage Commission's Ungusa Ranch 80 km north-west of Bulawayo. Cattle had been moved to Stanhope Ranch before the disease was diagnosed and that cause the outbreak there. The infected properties have had all cattle vaccinated and vaccination teams of the Department of Veterinary Services are now inoculating all cattle on surrounding farms. So far 14,000 have been vaccinated. No movements of livestock are allowed in a zone 40 km from the infected ranches and police roadblocks have been set up to enforce the ban. The outbreak and controls affect only Matabeleland North and movements in other parts of the country are not affected, although all livestock movement has to be authorised. [Text] [Harare THE HERALD in English 4 Sep 84 p 1]

CSO: 5400/181

ST LUCIA STUDIES COCONUT MITE CONTROL IN ST VINCENT

Bridgetown BARBADOS ADVOCATE in English 11 Aug 84 p 3

[Text] KINGSTOWN, St. Vincent, Friday, (CANA)--Two growers from St. Lucia whose coconut industry is seriously affected by Coconut Mite, have ended a two-day visit to St. Vincent where they gathered first hand information on this country's mite eradication programme implemented in 1982.

The programme, developed by Entomologist Dr. Reginald Griffith of Trinidad and Tobago, has been working "quite well," according to senior agricultural officials here.

The Griffith Method concentrates on utilising control measures specific to the mite but not toxic to other organisms.

The two St. Lucian's Ernest Dixon and Roy Lawaetz said they were very impressed with the results they saw here, and would seek to convince their colleagues of the effectiveness of the programme.

They said the bookkeeper of the Peter's Hope Estate on the western coast of the island revealed that yield had improved since the programme began, while workers on the same estate observed that the nuts now produced were bigger and the coconut meat much thicker.

The mite, which causes brown striations on the outer skin on the coconut, mostly damaged the young fruit while it lives within the hard epicarp of the nut.

One of the areas here worst hit by mite infestation was Orange Hill Estate, a 2 500-acre plantation some 24 miles north-east of Kingstown, the capital.

Coconut production on the estate fell from 978 tons in 1978 to an all time low of 231 tons last year.

CSO: 5400/028

BRIEFS

**PADDY PEST ATTACK--**Magura, Sept 4--Pest attack in paddy fields on a large scale in Mohammadpur, Magura, Sreepur and Salikha upazilas under Magura district has already made a colossal loss to the growers. The worst affected areas are Dariapur, Malaynagar, Nakail Sreekal, Kadirpur, Nakail Amalsar Sabdalpur in Sreepur upazila, Belnagar, Kochundi, Atharakhada, Vhetasair, Chanlia, Sreekundi in Magura Sadar upazila, Bunagati, Arpara, Boralchara, Kachudubi in Salikha upazila and Dhumail, Nohata, Polashbari, Babukhali in Mohammadpur upazila. Farmers told Times that the local Agricultural officer was informed of the pest menace, but due to scarcity of spray machines insecticides and pesticides, Agricultural Department could not take any remedial measure. The farmers of the affected areas urged upon the authority concerned to take quick and effective measures to combat the pest menace. [Text] [Dhaka THE BANGLADESH TIMES in English 5 Sep 84 p 2]

**RICE HISPA PEST--**Chuadanga, Sept 9--The H.Y.V. Aush, Broadcaste Aman and HYV Aman seedplots on about 59370 acres of land in most of the unions of Chuadanga, Meherpur and Kushtia districts have been attacked by parts causing heavy damage to the crops in addition to recent havoc caused by incessant downfall. According to the farmers, the green leaves of the paddy plants are being eaten up by black coloured insects known as Rice Hispa (Pamri Poka). Sporadic attack of other insects like catter-pillar and stamberer insects are also reported from same areas of these districts. According to the Agricultural Extension Department, the districtwise acreage of damage are 2705 acres in Chuadanga district, 8045 acres in Meherpur district and 48620 acres in Kushtia district. Of the same the attack on crop in 1883 acres in Chuadanga, 3780 acres in Meherpur and 27,471 acres in Kushtia district were controlled by spraying insecticide for which 2835 pounds of insecticides had been distributed amongst the farmers free of cost. Besides, 173 power sprayers, 217 hand sprayers were also supplied for the spraying works. A total of 207 squads of Agricultural Extension Department have been engaged in controlling works under the guidance of block supervisors in cooperation with farmers, members and chairman of union parishads. About 80 percent of the total affected areas of the aforesaid three districts have been treated with insecticides and more areas are being brought under serial spray gradually. [Text] [Dhaka THE NEW NATION in English 10 Sep 84 p 2]

UNIDENTIFIED PESTS ATTACK--Magura, Sept 10--Standing crops on vast areas of land in Magura district have been attacked by unknown insects. It is apprehended that due to attack of these harmful insects, at least 10 percent of the crops have totally been damaged. It is learnt that acute scarcity of pesticides is prevailing here. While the local Agriculture office does not have sufficient stock of pesticides to combat the menace, pesticides are being allegedly sold at an exorbitant price in the black market which only aggravates the situation. The worst affected areas are: Atharkhada, Belnagar, Kochundi Sreekol, Sreekundi, Vetashair Chaulia in Magura Sadar Upazila, Arpara Boraichara Kechuadubi in Salikha Upazila, Dariapur, Nakoil, Malaynagar, Kadirpur Ambalsar, Sabdalpur in Sreepur Upazila and Nahata Palashbari, Babukhali, Dumain in Mohammedpur Upazilas under Magura district. [Text] [Dhaka THE BANBLADESH OBSERVER in English 12 Sep 84 p 9]

PADDY DISEASES REPORTED--Satkhira, Sept 1--Crops in different parts of this district are sustaining heavy damage due to the inroad of insects. Stemblers and leaf rollers as they are locally known eat into the roots of the plants and turn them into stars. When I contacted the Agriculture Department Satkhira I was told that Stembrot, a new disease, broke out in paddy crops in different places of Satkhira and Kalaroa P.S. On my visit to the affected areas, I observed the huge percentage of crop have been badly affected by pest throughout Satkhira and Ala P.S. It is alleged that several representations were sent by the people of that locality but no action has been taken as yet by the Agriculture Department. The district Agriculture Office Satkhira however, claimed that necessary precautions were made to control the situation. [Text] [Dhaka THE BANGLADESH OBSERVER in English 2-Sep 84 p 9]

CSO: 5450/0009

VIETNAM

10TH MONTH RICE RAVAGED BY PESTS

BK130901 Hanoi Domestic Service in Vietnamese 2300 GMT 10 Sep 84

[Excerpts] The areas of 10th-month rice being ravaged by insects are rather large, accounting for 32.6 percent of the sown acreage. Provinces with large areas of rice being ravaged by insects are Thai Binh, having insect infestation in 57.9 percent of its rice area; Binh Tri Thien, having insect infestation in 52.3 percent; Ha Nam Ninh, having insect infestation in 45 percent; and Hai Hung, having insect infestation in 43 percent.

Due to the shortage of insecticide, many localities have combined the use of insecticide sprayers with other traditional methods such as using kerosene lamps to trap insect larvae, removing those rice stalks with insect eggs in them, and eradicating insects to protect ricefields.

CSO: 5400/4303

## RICE PESTS CAUSE DAMAGE TO CROPS

OW211213 Hanoi Domestic Service in Vietnamese 1100 GMT 20 Sep 84

[Excerpt] As of 15 September, the northern provinces had completed the first weeding of more than 1.242 million hectares of 10th-month rice, representing 95.2 percent of the planted area and a 11.4 percent increase over the previous year. They carried out more than 80 percent of the second weeding, an increase of 6 percent compared with the same period last year. Despite the various difficulties caused at the beginning of planting season by the drought, which became extensive from early August till early September, the 10th month rice is now developing well, thanks to these provinces' positive efforts in tending and protecting the rice crop. However, it should be noted that rice pests have continued spreading. As of 15 September, up to 34.5 percent of the total acreage of the 10th-month rice had been infested with harmful insects, with the acreage affected in Thai Binh, Ha Nam Ninh, and Hai Hung provinces being between 47 and 61 percent of the planted acreage.

CSO: 5400/4303

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